

Case Number:	CM15-0050775		
Date Assigned:	03/24/2015	Date of Injury:	01/22/2010
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on January 22, 2010. The injured worker was diagnosed as having cervical degenerative disc disease (DDD), chronic migraine, cervical spondylosis, cervical stenosis and cervicalgia. Treatment and diagnostic studies to date have included physical therapy, injections and oral medication. A progress note dated February 26, 2015 provides the injured worker complains of migraines and neck pain radiating to left shoulder. Pain is rated 8/10. She reports Botox injections help her migraines. Physical exam notes no cervical tenderness and decreased range of motion (ROM). The plan includes oral medication, injections and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Botox Injection 200 Units Cervical for Migraine and Headache: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Botulinum toxin for chronic migraine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic migraines. Treatments have included Botox injections with pain relief of 75%-90% lasting up to three months. Botox (onabotulinumtoxinA) is recommended for prevention of headache in patients with chronic migraine that have failed conservative treatments and who have responded to an initial 12-week trial of treatment. To treat chronic migraine, Botox is given approximately every 12 weeks. In this case, the dose and frequency of injections is within guideline recommendations and the claimant has previously benefitted significantly from them. The request was therefore medically necessary.